

Effective on 12/08/2004 FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/942,798-Conf. #9781
		Filing Date	August 31, 2001
		First Named Inventor	Kazuyuki MATSUOKA
		Examiner Name	A. B. Felton
		Art Unit	1755
TOTAL AMOUNT OF PAYMENT (\$) 950.00		Attorney Docket No.	0425-0846P

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							Small Entity
2. EXCESS CLAIM FEES							Fees (\$)
Fee Description							Fees (\$)
Each claim over 25 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims Extra Claims Fee (\$)							Multiple Dependent Claims
_____ = _____							Fee (\$)
HP = highest number of total claims paid for, if greater than 25							Fees Paid (\$)
Indep. Claims Extra Claims Fee (\$)							Fees Paid (\$)
_____ = _____							_____
HP = highest number of independent claims paid for, if greater than 3							_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fees Paid (\$)		
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1401 Notice of appeal							500.00
1252 Extension for response within second month							450.00

SUBMITTED BY			
Signature: <i>Raymond C. Stewart</i>	Registration No. (Attorney Agent): 21,066	Telephone: (703) 205-8012	
Name (Print Type): Raymond C. Stewart	Date: January 19, 2007		